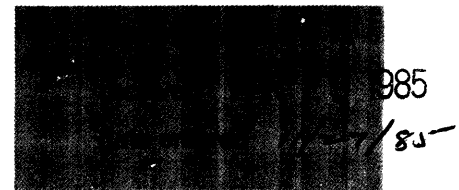


United States Department of the Interior
National Park Service

National Register of Historic Places Inventory—Nomination Form

See instructions in *How to Complete National Register Forms*
Type all entries—complete applicable sections



1. Name

historic Jersey City Medical Center

and/or common

2. Location

street & number Baldwin, Cornelison, Fairmont Avenues;
Clifton Place; Montgomery Street NA not for publication

city, town Jersey City vicinity of ~~Congressional District~~

state New Jersey code 034 county Hudson code 017

3. Classification

Category	Ownership	Status	Present Use
<input type="checkbox"/> district	<input type="checkbox"/> public	<input checked="" type="checkbox"/> occupied	<input type="checkbox"/> agriculture
<input checked="" type="checkbox"/> building(s)	<input type="checkbox"/> private	<input type="checkbox"/> unoccupied	<input type="checkbox"/> commercial
<input type="checkbox"/> structure	<input checked="" type="checkbox"/> both	<input type="checkbox"/> work in progress	<input type="checkbox"/> educational
<input type="checkbox"/> site	Public Acquisition	Accessible	<input type="checkbox"/> entertainment
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input checked="" type="checkbox"/> yes: restricted	<input type="checkbox"/> government
	<input checked="" type="checkbox"/> being considered	<input type="checkbox"/> yes: unrestricted	<input type="checkbox"/> industrial
	NA	<input type="checkbox"/> no	<input type="checkbox"/> military
			<input checked="" type="checkbox"/> other: medicine

4. Owner of Property

name See continuation sheet

street & number

city, town vicinity of state

5. Location of Legal Description

courthouse, registry of deeds, etc. Hudson County Courthouse - Registry Division

street & number County Clerk's Office - Newark Avenue

city, town Jersey City state New Jersey

6. Representation in Existing Surveys

title NJ Historic Sites Inventory has this property been determined eligible? ☒ yes ☐ no

date 1979 ☐ federal ☒ state ☐ county ☐ local

depository for survey records Office of New Jersey Heritage, CN 402,

city, town Trenton state New Jersey 08625

7. Description

Condition☐ excellent☒ good☐ fair☐ deteriorated☐ ruins☐ unexposed**Check one**☐ unaltered☒ altered**Check one**☒ original site☐ moved

date _____

Describe the present and original (if known) physical appearanceDESCRIPTION

The Jersey City Medical Center complex consists of ten major highrise buildings with a number of lower auxiliary facilities. Planned in the late 1920's on the site of an earlier hospital complex, most of the Jersey City Medical Center buildings were constructed between 1928 and 1941. The buildings are generally laid out on an approximately east-west axis, with the main entrance to the complex facing Baldwin Avenue to the west.

The Jersey City Medical Center is bordered by Baldwin Avenue and Clifton Place to the west, Montgomery Street to the north, Cornelison Avenue to the east, and Fairmount Avenue to the south. Clifton Place also forms part of the area's southern border, as it makes a 90° bend and runs east-west for a short distance to link with Baldwin. This area comprises slightly more than 14 acres.

The complex is sited on a promontory, an extension of the New Jersey Palisades, which affords a broad prospect of Manhattan. This is an important topographical feature which divides Jersey City roughly in half longitudinally, north to south. It separates the downtown area near the Hudson River from the upper areas of the city. The upper areas, in turn, are commonly split into two geographic entities called the Heights, roughly to the north of Journal Square, and Bergen Hill to the south. The hospital complex is therefore located in the Bergen Hill area, at the point where the grade drops off steeply toward the east and the downtown section.

The combination of building heights and prominent siting makes the Medical Center one of the most important visual landmarks in Jersey City. It is easily seen from Manhattan, and also serves as a point of orientation for its surroundings in New Jersey. The Medical Center is adjacent to a mixed commercial and residential area to the north and west, and the residential late 19th century locally recognized Bergen Hill Historic District to the south. Eastward is a series of 10 story 1950's apartment blocks and considerable vacant land.

8. Significance

Period	Areas of Significance—Check and justify below			
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input checked="" type="checkbox"/> social/
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input type="checkbox"/> humanitarian
<input type="checkbox"/> 1800-1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input type="checkbox"/> theater
<input checked="" type="checkbox"/> 1900-	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input checked="" type="checkbox"/> politics/government	<input type="checkbox"/> transportation
		<input type="checkbox"/> invention		<input type="checkbox"/> other (specify)

Specific dates 1921-41 **Builder/Architect** John T. Rowland, Jr.

Statement of Significance (in one paragraph)

The largest and most cohesively planned Art Deco complex in New Jersey, the Jersey City Medical Center is an early example of a specialized architectural type, the metropolitan medical institution. Jersey City's Frank Hague, one of the most powerful mayors in the United States during the first half of the 20th century, was responsible for the development of this progressive hospital facility. The Medical Center is the major public works project in Jersey City and commanded Hague's attention for over 20 years. It symbolized Hague's interest in quality medical treatment for all as well as his recognition of the political utility of providing such care.

The medical center functions as an important landmark, in a literal sense, providing a highly visible sighting point from much of Jersey City, from Manhattan, from the New Jersey Turnpike and from New York Harbor. It is, as Kevin Lynch says, "... visually unmistakable, rising tall and white from the edge of the cliff, a haphazardly located giant." Although the buildings lack the dynamism and originality which animate the best Art Deco structures, they are nevertheless representative examples of a style which, because of the economic conditions of its period, is relatively rare and quite important to Jersey City's history and architecture.

Politics/Government

For over 30 years Frank Hague virtually was the government of Jersey City. Yet surprisingly little visible evidence of his long tenure can presently be observed in the city. The one public works project that captured his imagination was the medical center. Its planning and construction commanded his attention for a 20-year span, from 1921 to 1941.

A power not only in Jersey City and Hudson County, but also in State and national politics, Hague maintained an office in the center, from which he conducted much of his political business. Because of personal pride in the complex, he often wandered through it at night, checking on details of its operation. In Hague's day, the center "mirrored the political fact of life in the city and in Hudson County at the time."²

In his recognition of the political possibilities of hospitalization, Hague stands unique among American bosses; he also has seen the way that lavish medical care can be used to disarm criticism,

9. Major Bibliographical References

See continuation sheets.

10. Geographical Data

Acreeage of nominated property 14+

Quadrangle name Jersey City, New Jersey

Quadrangle scale 1:24000

UMT References

A

1	8
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5	7	9	0	0	0
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4	5	9	8	3	0	0
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Zone Easting Northing

B

1	8
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5	7	9	2	0	0
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4	5	0	8	2	1	0
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Zone Easting Northing

C

1	8
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5	7	9	0	0	0
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4	5	0	7	9	4	0
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D

1	8
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5	7	8	9	3	0
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4	5	0	7	9	8	0
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E

1	8
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5	7	8	9	5	0
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4	5	0	8	0	4	0
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F

1	8
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5	7	8	8	8	0
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4	5	0	8	1	1	0
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G

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H

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Verbal boundary description and justification

See continuation sheet.

List all states and counties for properties overlapping state or county boundaries

state code county code

state code county code

11. Form Prepared By Compiled from: Preliminary Case Report. The Jersey City Medical Center. Heritage Studies, Princeton, NJ 09/79

name/title Terry Karschner, Historic Preservation Specialist

organization Office of New Jersey Heritage date April 1981

street & number CN 402 telephone (609) 292-2028

city or town Trenton, state New Jersey 08625

12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

☐ national ☒ state ☐ local

As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service.

Deputy
State Historic Preservation Officer signature

title Acting Director, Division of Parks & Forestry

date 3/12/85

For NPS use only

I hereby certify that this property is included in the National Register

date

11/27/85

Keeper of the National Register

Attest:

date

Chief of Registration

**United States Department of the Interior
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Jersey City Medical Center

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4. OWNER OF PROPERTY

1. Hudson County Board of Chosen Freeholders
Administration Building
595 Newark Avenue
Jersey City, New Jersey 07302
2. Gerald McCann, Mayor
Jersey City
280 Grove Street
Jersey City, New Jersey 07302
3. Stanley J. Sedransk
Sana Proposal Ltd.
3375 Park Avenue
Suite 4001
Wantagh, New York 11793

6. REPRESENTATION IN EXISTING SURVEYS

1. Title I, Public Works Project PW-1
Economic Development Administration
U.S. Department of Commerce
10/16/1979

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Page 1

7. DESCRIPTION (Continued)

Physical Condition and Use

The buildings in the Jersey City Medical Center are in fair to good condition, although current budgetary restrictions preclude the same high level of maintenance which historical documents show were customary throughout the complex. The landscaping is no longer elaborate, and vandalism to such elements as light standards and windows has not been repaired. The general level of maintenance is good for the buildings in use; those which are vacant or underutilized have been allowed to deteriorate in some cases.

Several of the buildings in the complex are no longer under the administration of the Medical Center. Obstetrics and maternity care, for example, have been consolidated into the main buildings of the Center. The former Margaret Hague Maternity Hospital Building is now partially occupied by offices for the Jersey City Board of Education. The Pollak Hospital, once a tuberculosis hospital, is now a nursing home and is a county facility rather than a part of the Medical Center. Murdoch Hall, once a nurses' residence, is now a county-run facility for geriatric and psychiatric care. Jones Hall, formerly the O'Hanlon Building and used as a residence for interns, is owned by the city and is being converted to senior citizens' housing. East Hall, formerly Fairbank Hall and another nurses' residence, is currently standing vacant as is the Laundry Building. The upper stories of the Surgical Building above the ninth floor are also no longer in use. The Dental Hospital is privately owned.

Building Inventory

The high-rise buildings of the Jersey City Medical Center dominate the Jersey City skyline, being particularly visible from New York City and the New Jersey Turnpike. The soaring shafts of the city-owned Art Deco buildings (Buildings A-G and J) and the county's Murdoch Hall (M), along with the stepped setbacks of Pollak Hospital (O), stand out against the sky in dramatic outline. These buildings are unified by several elements: chunky massing; materials - buff brick with terra cotta and metal trim; vertical emphasis in the form of continuous pier strips; and, with the exception of Murdoch, terminal parapets, suggesting crenellation.

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Page 2

7. DESCRIPTION (Continued)

From the street, the Art Deco buildings also provide the Center's major visual impact. Buildings A and B dominate the streetscape on Baldwin Avenue. A broad lawn and the remnants of the garden proclaim that this is the major pedestrian entrance to the complex. The Art Deco buildings also dominate Montgomery Street, where their relationship is reinforced by physical linkage through the wings and bridges. They rise with dramatic verticality on Cornelison Street from the plan below. From these vantages, they present an impression of planned order and unity.

Unless otherwise specified, all of the buildings described below are of steel frame construction with flat, quarry tile-covered roofs and cream brick exteriors, which have acquired a variegated coloration through soiling.

Building A (Medical Building) 1934-1938. This building, which includes the principal entrance and lobby to the entire complex, varies in height from five to twenty-two floors with high basement, and comprises seven rectangular or nearly square blocks so disposed that they produce a seven-bay facade of projecting and receding planes. The twenty-two story center block is flanked by three unequally stepped wings at either side and fronted by a three-story entrance pavilion of three bays.

Aside from the rhythm created by the projecting and receding wings, the verticality of the facade is articulated by brick pier strips separating strips of 1/1 sash windows. The tops of all the wings are treated as semi-castellated parapets with iron grille panels cast in stylized foliage motifs and rectangular, vertically-oriented terra cotta plaques reminiscent of Frank Lloyd Wright's Mayan-derived ornament.

The lower stories of the building are decorated with terra cotta panels cast in stylized naturalistic motifs; principal doors and windows are finished with chevron and zig-zag motif architraves.

The entrance pavilion, reached by a flight of eleven granite steps with brass Egyptoid-motif rails and six octagonal brass lamps, is articulated by four pairs of one-story stepped brick pilasters capped with granite. Three double-leaf doors in brass housings appear originally to have been revolving doors.

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7. DESCRIPTION (Continued)

To emphasize the importance of the principal entry, the pavilion is reached by a walk edged with a long grey polished granite retaining wall and divided into two sections by a planter/reflecting pool. The pool is terminated by a 15'+ stone column, square in section, topped with a square brass lamp. The front of the column is adorned with a brass Graecoid mask, perhaps a stylized Poseidon, from which water once issued. Flanking the front of the walk are two 12'+ stele-like "gateposts" of matching granite, topped with brass lamps and bearing the name of the hospital and other information.

The entrance pavilion houses the main lobby, a rectangular double-height room, finished to frieze height with coffered marble panels which are divided by pilasters with stylized foliage-motif capitals. The frieze is a depiction in bas-relief of figures representing aspects of healing. The ceiling is one huge coffered panel with zig-zag, channel and plain gilded moldings with stylized floral corner blocks. The floor is terrazzo and the room is lighted by two colossal windows divided into 3/3/3 panes.

The lobby leads to a bank of four elevators, their brass doors decorated with classically-inspired rosettes.

In the northwest wing is a two-story auditorium with stage and projecting balcony supported by two large columns, square in section. The walls, floor and ceiling are treated decoratively as in the principal public spaces, but the materials are not as rich or quite as elaborately executed. The walls, for example, are paneled with a wooden dado with marble used only for the baseboard. The chief ornamental features are pilasters with stylized papyrus (fan) and Ionic (volute) capitals and a coffered ceiling with moldings composed of zig-zag and sectioned sunburst motifs. The coffer panels are separated by channel moldings and center blocks with stylized floral motifs. The decoration is enriched by the use of gilding for capitals and ceiling ornament, six octagonal brass lamps suspended from the ceiling, brass radiator grilles and brass seams in the terrazzo floor. Four colossal windows light the room. Outside the auditorium is a small lobby with marble walls and a combined zig-zag and sunburst frieze.

The walls on the main level are covered with polished marble from floor to ceiling and the floors with brass-seamed terrazzo. The walls

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7. DESCRIPTION (Continued)

and floors on some of the more utilitarian lower levels are treated with tile and quarry tile. On the upper level corridors, the use of marble and terrazzo is continued, although the marble is not used full height.

Buildings A and B are connected by a five-story wing; between Buildings A and C is a one-story kitchen wing.

Original use: medical services

Existing use: medical services

Condition: good

Building B (Health Services Building) 1934-38. Like Building A, the former Health Services Building is composed of stepped rectangular wings flanking a central block. Here, the long five-bay stepped facade, rising to an eighteen-story center, faces Montgomery Street, so that the entrance is found in the one-bay section facing Baldwin Avenue. Detailing is identical to Building A - terra cotta plaques and panels, cast iron grilles, zig-zag architraves and an entrance ornamented with octagonal brass lamps and brass balusters in a vaguely Egyptoid motif.

Buildings A and B are connected by a small wing, and Building B is connected to Murdoch Hall by an arched bridge over the drive from Baldwin Avenue.

Original Use: out-patient services

Existing Use: health clinics and offices

Condition: good

Building C ca. 1938-1941. In all essentials, Building C mirrors the exterior of Building A, with minor differences in facade treatment, fenestration arrangement and proportion of wings. The decorative treatment, massing and general proportions are nearly identical.

At the end of a corridor leading from the elevators is a large center hall, approximately square, clad in marble, with pilasters and

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7. DESCRIPTION (Continued)

four square columns, all with gilded capitals carved in stylized Ionic and zig-zag motifs. The ceiling is divided into nine coffered panels with central rosettes, from five of which hang long octagonal brass lanterns. The only natural light is admitted by a door and two large windows with deep marble embrasures which give access to a deck paved with quarry tile. The overall impression is that of a low, dark and richly-ornamented space.

The secondary public space is a hall similar to decorative treatment to the large hall described above, but with three ceiling panels instead of nine. On each of the short sides there is an elaborate brass balustrade with reeded columns and complex wheel-motif gate leading to a private office.

Modern buff-brick utility wings, each six stories, are attached to the north and south ends. Buildings A and C are connected by a four-story wing.

Original Use: administration, general hospital, and kitchen

Existing Use: administration, general hospital and kitchen

Condition: good

Building D (Holloway Hall) ca. 1930-31. Holloway Hall reflects a simplification of the skyscraper massing employed in the later A, B and C Buildings. Essentially rectangular in plan, and 20 stories high it has slightly projecting side wings which result in an H-shape configuration. Castellated parapets decorated with terra cotta are used, as are vertical ribbons of brick to separate windows, but the stepped setback effect is underplayed. Building D is connected to Building C by a four-story wing with a vehicular underpass leading to the plaza at the interior of the building complex. The arch of the underpass is ornamented with a chevron band and stylized floral-motif spandrels. Six stories above this wing the buildings are connected by an enclosed bridge. Buildings D and E are connected at ground level.

Original Use: general hospital services and surgical

Existing Use: surgical, child psychiatric services, some city agencies

Condition: good

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7. DESCRIPTION (Continued)

Building E (Dental College) ca. 1938-39. The former Dental College is a small-scale version of buildings A, B, and C, rectangular plan and composed of stepped wings rising to a ten story center section. Like its larger counterparts it is treated with terra cotta panels in stylized floral motifs and castellated parapets. It faces Cornelison Avenue and has a central, one-story porte-cochere on that side. It is connected by a narrow wing to Building D.

Original Use: Isolation wards

Subsequent Use: Dental College

Existing Use: Human resources

Condition: good

Building F (Garage) 1939-40. This building consists of a rectangular two-story, four-bay vehicle wing attached to a squarish block, housing ancillary facilities, which arises from three to five stories above plaza level. Below plaza grade at the southeast, the building is seven stories. The lower levels house the laundry and morgue and a number of offices.

The west facade of the vehicle wing is defined by four large garage bays. These are separated by stepped brick piers trimmed with stone, a reference to the entrance pavilion of the Medical Buildings. The tops of both wings terminate in parapets with terra cotta panels which arise from 1/1 sash windows. The interior is finished in glazed tile and terrazzo.

The small size of the garage (as seen from plaza level) in relation to the amount of decorative trim used makes it in some ways a more successful exercise in Art Deco than a number of the larger buildings in the complex.

Original Use: garage, offices and morgue

Existing Use: garage, offices, laundry and morgue

Condition: good

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7. DESCRIPTION (Continued)

Building G (Jones Hall, O'Hanlon Hall) ca. 1931-32. Jones Hall is similar in massing to the Medical Building and associated structures, consisting of a central rectangular block flanked by stepped wings. Its height is 19 stories and the Montgomery Street facade measures seven bays. Quasi-castellated parapets and terra cotta panels with stylized foliage-motifs are employed as part of a decorative scheme common to most of the buildings in the complex.

The entrance is articulated by stepped vertical elements capped with curvilinear stone forms which rise three stories and cover the width of three bays. The bronze segmentally-arched door opens beneath a sign reading "O'Hanlon Hall," and a transom with irregular muntins simulating clouds in a sort of Art Nouveau pattern.

Original Use: staff residence

Existing Use: vacant

Condition: under renovation as housing for the elderly

Building J (Fairbank Hall) 1930-32. The chief distinguishing feature of this building is an arcade running along the top of the center section, composed of five widely-spaced round-arched apertures, a treatment found nowhere else in the complex. In plan the building is an H, the center, 18 story arcaded section connecting two eight-by-three-bay, thirteen-story wings, each bearing a set-back three-story block, four bays by two bays. All the elevations are given vertical emphasis by wide ribbons of brick which separate the windows. These ribbons or shallow piers are capped with stone trim and alternate with vertically-oriented terra cotta plaques to give the parapets a castellated appearance.

Original Use: staff residence and classrooms

Existing Use: vacant

Condition: good, with the exception of vandalized Cornelison Avenue facade

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7. DESCRIPTION (Continued)

Building M (Murdoch Hall) ca. 1939-41. The plan of this twenty-three story building is cruciform, except for a low service wing. On the Baldwin Avenue side, the facade is five bays long with a deeply projecting wing. The stepped profile is considerably less pronounced than those found in earlier buildings in the complex, and the crowning parapets do not suggest castellation.

The most obvious difference between this building and Building A is the planar wall surfaces uninterrupted by the brick piers found elsewhere. Typical Art Deco ornament on the exterior is confined to some panels at the top of the building. This great simplification of wall fabric and ornament suggests a progression away from Art Deco towards the International Style. Conversely, the use of curvilinear forms in the penthouse, the entrance pavilion and the columns in the projecting northwest wing, and the sophisticated decoration of the lobby suggest Art Moderne.

The lobby is designed in a streamlined Art Moderne style with many curvilinear and circular forms. Basically a rectangular double-height hall, it is dominated by 12 marble columns with bundle shafts and, descending through the middle of the space, a grand stair of white and gray marble which divides at a landing and continues to a mezzanine level that entirely surrounds the lower lobby. The stair stringers, also marble, are surmounted by bronze frames that form a handrail. The frames enclose etched glass panels with stepped, rectangular Art Deco designs.

The mezzanine is also trimmed with marble and has the same decorative handrail and glass panels as the stairway. The lobby walls are fully sheathed in pinkish gray marble with curved marble reveals opening into corridors, a lounge and an entrance desk niche. Above their circular marble bases the columns are composed of alternating curved and triangular sections, sheathed in pinkish brown marble. The floor is also marble, composed in a field of rectangles and squares to form stripes and crosses in shades of pink, gray and white. The plaster ceiling is similarly designed in a rectilinear, interlacing pattern.

The lobby is reached through a circular vestibule which encloses an octagon, and extends beyond the facade as a semi-circle. Behind the staircase is an elevator lobby with an "apse" of channeled marble which echoes the form of the vestibule.

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7. DESCRIPTION (Continued)

Some original lighting fixtures remain, including bronze torcheres with zig-zag leaves and cut glass petals forming flow-shaped diffusers. The two remaining chandeliers are larger versions of the torcheres. Air supply grilles are fashioned of interlacing rectangular shapes. Several pieces of original furniture survive.

Original Use: nurses' residence

Existing Use: county services for elderly and vacant; in transition to new use

Building O (B. S. Pollak Hospital) 1934-36. This building presents the most dramatic elevation of any in the complex, due to its two regularly-stepped wings which rise to 15 stories and enclose a courtyard on the south. The plan is a U shape, the stepped arms each 12 bays long, bridged by a wing which rises to 22 stories. Decoration, parapet treatment and fenestration are similar to Buildings A and B, the major difference being that the windows are arranged in three-window bands.

Access is gained through two small entrance pavilions on the Clifton Place side. These have segmentally-arched openings and arched glass transoms over two sets of double doors. Decoration consists of alternating triangles and semi-circles. The wall above the arch is articulated by channeled stonework alternating with brick and capped with a stepped stone parapet.

The first two stories of the building are treated as a base, which is differentiated from the upper stories by a lighter color brick. At the top of this base and below the third floor windows are stone spandrel panels with elaborate stylized flower and fruit decoration. The stepped wings have recently been repaired with unsightly concrete walls.

Original Use: chest disease hospital

Existing Use: nursing home

Condition: excellent

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7. DESCRIPTION (Continued)

Building R (Margaret Hague Maternity Hospital) 1928-31. Like the Pollak Hospital, this was originally a U-shaped building, its courtyard open to the southeast; with the addition of a rear wing composed of two towers and a low connecting section, it became a rectangle with an open interior court.

The original building was designed in an abstracted classical mode; a long 8 story facade broken into three sections - a central eleven-bay block flanked by two slightly projecting five-bay sections, the entire composition finished with a hip-roofed penthouse. The vertical massing divides the facade into three sections alluding to the base, shaft and capital of a classical column. Although explicit classical references are few - belt courses and cornice, shallow projecting entrance pavilion with three round-arched openings - they make a strong contrast with the other buildings in the complex.

The Art Deco addition has two tower-like wings each composed of a central block flanked by two 11 story wings. Their decoration is minimal, and similar to Building A.

Original Use: maternity care

Existing Use: Offices (Board of Education and others)

Condition: Excellent

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Page 1

8. SIGNIFICANCE (Continued)

and that it is practicable to have children literally born into the organization, obligated to it from the first squalling moment. Cared for during the recurrent illnesses of youth, they come to associate health itself with the generous political party that has guided their city for decades; they will no more vote against Hague than against life. When they marry and have children of their own, they too are born in the Margaret Hague Maternity Hospital, which is medically as good a maternity hospital as can be found anywhere. And finally in the rheumatic pains of old age they go to the Medical Center for care and comfort. Unless the end of life comes suddenly on the street or at home, the citizen is likely to leave Jersey City as he came into it - although from a different building - indebted from his first moment to his last to the organization. He paid for the service, or someone did, but Hague gets the credit and the votes.

Although maintenance has declined, and the manicured lawns and flower beds have disappeared, the Hague era is still reflected in the buildings' generous scale and lavish materials.

Social/Humanitarian

However influenced Hague may have been by political considerations, there is little doubt that his interest in community health care was genuine. Medical services constituted the one program he consistently supported. "In the last months of his life, during a long illness, at the end of his political career,⁴ he had hoped to be the voluntary head of the Jersey City Medical Center."

1. Kevin Lynch, The Image of the City (Cambridge, Mass.: 1960), 26
2. Joseph F. Sullivan, "Jersey City Hospital May Influence Votes," New York Times, September 4, 1977.
3. Dayton David McKean, The Boss (New York: 1940), 166-167.
4. Thomas J. White, "Frank Hague and the Jersey City Medical Center," Academy of Medicine of New Jersey Bulletin, 16, 4 (December 1970), 53.

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His progressive attitudes are evident in the fact that in the 1920's he saw to it that juvenile offenders were not booked for petty offenses. Instead they were evaluated by physicians, psychiatrists, and educators, before their cases were disposed of.

Hague was a pioneer in the belief that high-quality medical care should be available to all. Payment for services was not required from those unable to make it. Equipment was of the best. Although there are differing opinions about the standing of the institution, the low mortality rate of the Margaret Hague Maternity Hospital provides evidence that the quality of the care was high.

The significance of the medical center site in the welfare of Jersey City predates the erection of most of the existing buildings. It has now been the focus for public health care in in Jersey City for a century.

The present site of the Jersey City Medical Center at Montgomery Street and Baldwin Avenue has been continuously occupied by Jersey City's municipal hospital for nearly a century. From plain wooden buildings and converted farmhouses, to a large brick institution, to the steel and brick and glass skyscrapers of Mayor Frank Hague's day, the hospital continuously expanded both in physical capacity and in concept until by the 1940's it became too large for Hudson County's needs, and has been too large ever since.

Before Jersey City bought the site of the present medical center in 1881, the property consisted of one or more country estates in the rapidly urbanizing part of the city frequently called Bergen Hill.

The First Hospital: 1881-1909

During the 19th century, Jersey City operated a variety of public facilities for the health and welfare of the city's poor and sick. A "pest house" was opened about 1805 in an isolated part of Paulus Hook, to quarantine sufferers of contagious diseases. The "old cabin" that stood there was subsequently used as the county poorhouse until the Civil War, then for cholera cases afterward. In 1868 the city aldermen created the "Jersey City Charity Hospital" on this site and the "cabin" was replaced by a new building, where the institution remained for about a dozen years.

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In 1881 the city bought the present site and moved into the farmhouses already standing there. These earlier buildings have been demolished and the site repeatedly regraded.⁴ Immediately upon purchasing the site, the city erected a new building which was ready for occupancy by December, 1882. It stood parallel to Baldwin Avenue. Upon completion of the new building, the house became the warden's residence. As the hospital grew, it gradually moved away from accepting only charity patients. With the new building, the hospital was able to average several thousand patients a year, so in 1885 the work "charity" was dropped from the official name of the institution. The medical care was considered good; physicians generally volunteered their services and the nine percent mortality rate was considered satisfactory.

McLean in 1895 wrote that "the buildings comprised in the institution are the two hospitals (the new building plus one of the farmhouses) with over a hundred beds in the wards, the stable and dead-house, and the warden's house, which contains the pharmacy and dispensary, the warden's office and rooms for the employees and resident physicians."⁵ This was the first hospital complex to stand on the medical center site.

The Second Hospital: 1909-1931

Each of the buildings of this first hospital were demolished after 1900, when a second hospital was built during the first administration (1902-07) of Jersey City Mayor Mark Fagan. Fagan, a Progressive Republican, inaugurated a number of public-spirited projects, including a free public bath house and free medical dispensaries. In spite of the hospital expansion of the 1880's and '90's, by the turn-of-the-century the hospital was still inadequate:

The old hospital accommodations have not only been outgrown, but the buildings were never designed for a permanent hospital and are inadequate to the demands made upon them, and have become dilapidated and sadly out of repair. It would cost a great sum of money to put these buildings in proper shape, and when so repaired they would not be sufficient for the present hospital demands of the city.⁶

In 1903, at Fagan's urging, the New Jersey legislature enacted a bill that allowed municipalities to issue bonds for hospital construction

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and to appoint boards of hospital trustees. This enabling act permitted Fagan not only to finance a building program, but also to shift responsibility for the hospital's operation away from the direct control of the Board of Health, which was then largely comprised of Jersey City's police commissioners. The new Board of Hospital Trustees planned to build a hospital with a 200-bed - double that of the old hospital - capacity which, it was estimated, would be satisfactory for another ten years. Fagan's political literature explained, however, that the plans for the new structure would be "so arranged" that additional accommodations can be furnished by the erection of additional buildings or the extension of the original buildings from time to time, as the demands of the City shall make necessary." An elevation of the proposed building was furnished in the same account, but the design was changed before the building was erected. The hospital trustees also planned to buy additional land to enlarge the hospital site.

The new hospital building was begun under Fagan in 1906, but was completed and opened in 1909 during the mayoral administration of Otto H. Wittpenn, another Progressive Republican. It was a three story, brick structure, 21 bays long, with semi-octagonal bays at the east and west ends and five story towers recessed between a projecting, four story, central pavilion and two three story side wings. Like its predecessor, it too faced Baldwin Avenue, and a semi-elliptical driveway gave vehicular access to the front door.

This main building was only one of the structures built for the new hospital, for, as the 1908 map shows, the hospital site was fairly crowded with buildings. Some of these, however, were the old hospital buildings that were demolished in 1909, but other new buildings were constructed to accommodate various support functions. These were a "Staff house, morgue, chapel (and) new nurses' residence", and they stood behind and to the south of the main building. The nurses' residence had been necessitated because the hospital established a school of nursing in 1907.⁹ In addition, a new warden's home was built in 1908 or 1909. None of these satellite structures still stand.

Fagan's hospital construction program did indeed prove satisfactory for about 10 years, but by 1919, Jersey City Hospital was greatly expanded once again. The most important of the enlargements of the hospital

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complex was the construction of a second main building, behind and slightly larger than the first, and a connecting wing between the two. At the same time, the 1909 building was modernized and its wings were raised to four stories. Other, smaller buildings were once again added for auxiliary functions. A laundry and a power house were combined in one building put up in 1917 - Buildings H and I on the current site plan. The power plan enabled the hospital to generate its own electricity and to produce steam for heating more efficiently.¹⁰

For a complex of buildings erected over a span of ten years, the Jersey City Hospital of 1909-19 exhibited a remarkable consistency of style from building to building, suggesting that all of them may have been designed by a single architect. In style, each displayed Renaissance Revival influences, together with common denominators such as buff brick exterior walls and red-tile hipped roofs. The two main buildings, though built ten years apart, closely matched each other in height and overall length, in style, in massing, and in many details. A significant change in the circulation plan took place, however, with the opening of the second building. Its east facade became the main facade and its entrance the main entrance. The Baldwin Avenue entrance became secondary, and access from Montgomery Street was emphasized. Later, during the 1920's, the lots along the south side of Montgomery Street, where eight houses had been built since the 1890's, were purchased, the houses were torn down, and the land was regraded and landscaped.¹¹

By the 1920's, then, the Jersey City Hospital was a major institution. Though its buildings were not the finest Renaissance Revival styling - incorporating, in fact, traces of the Mission Revival style - they did constitute a functional, viable complex and a visually satisfying ensemble. As Van Winkle summarized in 1924:

"Since [1909] the hospital building has been greatly enlarged and fitted with the latest known appliances for thorough hospital work. The prominent position of the building on one of the principal thoroughfares of the city, its attractive architectural design and appropriate surroundings, form one of the beauty spots of the city, and the complete organization of its health activities has placed it in the forefront of hospital efficiency."¹²

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It is ironic that the architect who later designed the medical center may have also been responsible for the earlier hospital complex that the center replaced. John T. Rowland, Jr. (1871-1945) was the leading architect in Jersey City throughout the first four decades of the twentieth century. The list of his commissions reads like an enumeration of the city's major private and public buildings. He designed, for example, the Labor Bank building, the Jersey Journal building, the Public Service building, all at Journal Square, and the Duncan Apartments, at 2600 Hudson Boulevard. In addition to his private practice which began in the 1890's, around 1901 Rowland became the architect for the Jersey Board of Education, a post he held until his death. In this function he designed all four of the high schools then in use in the city - Dickinson, Lincoln, Henry Snyder, and Ferris - 25 public schools and seven parochial schools. In Rowland's obituary, the famous Jersey City mayor and political boss, Frank Hague, acknowledged that Rowland designed all of the units of the medical center. Considering Hague's own central role in establishing the medical center, Rowland, it would appear, must have been Hague's favorite architect.¹³

The evidence that supports the view that Rowland designed the Jersey City Hospital is circumstantial, but as school architect he did design the A. Harry Moore School for Crippled Children. This school was constructed in 1918 on the site of the later Pollak Hospital, and used at first as a regular public school, Jersey City School No. 36. When it was renamed for Moore in 1925, interior renovations were made, but the exterior was unchanged. Its design resembles so closely that of the nurses' residence, and to the laundry/power house, that the three buildings clearly seem to be works of the same architect.¹⁴

The Present Medical Center: 1928-1941

The medical center, however, is publicly associated with its political sponsor, Mayor Frank Hague, rather than with its architect, John Rowland. Hague (1876-1956), one of the most famous political bosses of any American city, served as Jersey City mayor for 30 consecutive years, 1917 to 1947. The "Hague machine" has been often compared to the Pendergast machine in St. Louis, the Daley machine in Chicago, and the Tweed Ring in New York. Hague dominated Democratic politics in New Jersey for a generation, and was largely responsible for selecting the state's Democratic gubernatorial candidates during the Twenties and Thirties. His alledged remark, "I am the law," has become his enduring nickname.¹⁵ The Jersey City Medical Center is his lasting monument.

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Hague is not only credited with having conceived the idea for the center, he also made and carried out the decision to build it. He already was mayor when the laundry building and nurses' residences were completed, and he began as early as 1921 to consider a still larger and grander consolidation of hospital services.

Hague possessed a deep and genuine concern for social welfare and community health; his motives were not merely or wholly political expedience. In 1922 he sent "representatives to the leading hospitals between New York City and Chicago to seek an outstanding hospital administrator." In 1924 he hired George V. O'Hanlon, then the Medical Director of Bellevue and Allied Hospitals, New York City's municipal system. By 1928 he also secured the services of Miss Jesse Murdoch, Director of the Nurses' Training School at Post-Graduate Hospital in New York City. As a later administrator of the medical center explained, Hague was able to lure these two outstanding people "on his promise to build a medical center in Jersey City which they could run with a free hand." The hiring of Murdoch was an indication that the medical center would emphasize nurses' training.

By the late 1920's, the most pressing immediate problem was the shortage and inconvenience of maternity care facilities. The Hague administration's answer was to build the world's largest maternity hospital, which was begun in 1928 and completed in 1931. Named the "Margaret Hague Maternity Hospital," in honor of Frank Hague's mother, this institution handled over 5,000 births in 1939, more by several hundred than any other hospital in the continental United States.

Hague followed the same instinct - building the largest and best - with every other building his administration erected on the hospital site. He consolidated, enlarged, and aggrandized the institution of the city hospital to such a degree that for political semantics he needed a new name to match his new concept. By 1930 he renamed the hospital the "Jersey City Medical Center," because his plans called for constructing several buildings to house specialized medical services, in addition to a new general hospital. The medical center concept of consolidating a full range of medical services in a vertical (high-rise) hospital on a single site had already been pioneered in New York City at the Columbia-Presbyterian Medical Center. Hague planned the Jersey City Medical

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Center to include several skyscrapers, each of 15-23 stories, including a surgical building, hospital for chest diseases, psychiatric hospital, out-patient clinic and isolation building, besides staff and nurses' residences, the maternity hospital, and a new general hospital. It is a memorial to Hague's political power that, during the Great Depression, such a grand plan was carried out.¹⁸

Construction of the medical center took more than a dozen years, from the ground breaking for the Margaret Hague to the completion of Murdoch Hall. In one of Rowland's renderings of the center, published in 1930, Fairbank Hall (Building J on the site plan) and Holloway Hall (Building D) are depicted and described as under construction. In a 1931 photograph, Holloway, commonly known as the surgical building, stands completed behind the 1909 hospital. Fairbank, built as the nurses' residence, was also completed in 1932. The staff residence (Building G) was later named O'Hanlon Hall in honor of the medical director, then subsequently renamed Jones Hall. It apparently was not under construction in 1930 since it does not appear in the rendering, but it too was completed by 1932.¹⁹

The Great Depression forced a halt to construction in 1933, but in 1934 a second round of construction began. The Hudson County Tuberculosis Hospital (Building O) was begun that year. Though it was, "complete except for furnishings and equipment," in 1936, its cornerstone laying ceremony and dedication took place in October 1937. In 1947, this hospital, was renamed the "Berthold S. Pollak Hospital for Chest Diseases," to honor one of the institution's most well-known doctors.²⁰

Construction of the medical building (Building A) and the health services, or clinic, building (Building B) followed Pollak Hospital. When the surgical building had been opened in 1931, it temporarily assumed many of the functions of the older general hospital. That hospital, built in 1909, remodeled by 1919, and "re-modernized" again by 1930, was demolished in 1934. The medical and clinic buildings that rose in its place were dedicated by Franklin D. Roosevelt in October 1936, in spite of the fact that they weren't completed until 1938.²¹

By the time these buildings were finally opened, a third and final round of construction began. The isolation building, now known as the

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dental building; the C Building, which houses the center's administrative staff; the ambulance garage/morgue; Murdoch Hall; and a high-rise addition to the Margaret Hague were all built during this period. The isolation building had been made necessary when the earlier hospital for contagious diseases was demolished in 1934 to provide a site for the tuberculosis hospital. The new garage was needed to accommodate a greater number of ambulances, and the new morgue because the old one had stood on the site of Murdoch Hall. Murdoch, named for the Director of nursing, was yet another nurses' residence. Fairbank, the existing nurses' residence, later became a geriatric hospital. Ironically, Murdoch Hall, built on the site planned in 1931 for the Psychiatric Hospital - the only building planned for the medical center which was never built - today houses geriatric and psychiatric patients. Each of the buildings of this last phase of construction was completed by 1941.²²

Though some of these buildings were not completed until 1941, one could have gotten a fair sense of the finished complex by the late-30's. Some of the buildings stood about ten stories high; some fifteen; three stood 23 stories high. Dayton David McKean, a sharp critic of Hague, in comparing the center to its surroundings, likened it to "seven cliffs above a swamp." These "cliffs" were the largest buildings in Jersey City; they not only intensified the use of the medical center site, but also changed the city skyline as well.²³

In Frank Hague's Jersey City of the 1930's, the medical center was also the center of politics. The story of the Hague years has been well-told elsewhere, but his use of the medical center for political purposes deserves further mention. The medical center was the city's great project of the 1930's, and thus it was Hague's greatest source of patronage. A substantial part of the center's payroll was devoted to these political jobs. Hague also practiced "socialized medicine" at the center, to the extent that it was unusual for a patient ever to be charged for his stay. In 1929, despite handling thousands of patients a month, the center actually collected only \$15,000 from patients in one calendar year. Hague kept an office in the center, and spent "as much time [there] as in any other place. Politicians seeking to consult him [were] more apt to find him in that office... than at the City Hall."²⁴

The maintenance and operation of the center were supported by heavy taxes, but the construction itself was supported by municipal bonds and

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by loans and grants from the Public Works Administration, a division of the federal Works Progress Administration. Hague was given control of a disproportionate share of WPA funds, and it was these that carried the center while it was being built. Since Hague was the dominant power in New Jersey Democratic politics of the era, he was well rewarded when Franklin Roosevelt assumed the Presidency. This friendship was reciprocated in the 1936 election, for example, when Hague delivered Hudson County to FDR by a margin of 117,000 votes, while New Jersey as a whole went Democratic by only 30,000 votes. As a reward, Hague was voted Vice-Chairman of the Democratic National Committee, and was guaranteed all the money he needed for the medical center. The connection with FDR to Hague and the medical center can be further summarized in one episode. At the dedication of the medical building in 1936, while FDR shrewdly opined that politics had been kept out of medical care and always would be, Hague closed the public schools, gave every city worker a holiday, and assembled a crowd of 250,000 people on the hospital grounds.²⁵

The original scheme of the medical center promised "99 floors of hospitalization" - the third largest medical institution in the country - and something like that number were actually built. Though the center has always been a popular institution, critics quickly perceived that it was much larger than the needs of Jersey City required. The city had other private hospitals and the county had other municipal hospitals, so the construction of one of the nation's largest medical complexes was just not necessary. McKean, who felt that the costs of the center were bankrupting the city, said in a prophetic remark, "If the finances of the city and country collapse, as they may do at any time, the Mayor may well seek to share his idea with the State of New Jersey." Each of Hague's successors have found the medical center to be an insupportable financial burden, and indeed have approached the state with offers to sell. So far the state has not been interested. The training of nurses at colleges instead of hospitals, and the practice of allowing resident physicians to live off the hospital grounds has reduced space requirements even further. Much of the center is now vacant. The fiscal crisis occurred in 1965 when 1,109 of the center's employees were laid off before New Year's Day. Structural problems, which were rumored even in Hague's day are now clearly visible. An institutional reorganization is underway, however. Other county and municipal agencies have taken over some of the vacant space.²⁶

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The medical center under Frank Hague represented both the height of the medical profession in Jersey City and the culmination of 60 years' development of the medical center site. The late 19th century municipal hospital was an important advance over the earlier pest houses and almshouses. The 1909 hospital of Mark Fagan became a major Jersey City institution. Fagan's city hospital, however, was merely one important plank in his broad Progressive platform, and it was carefully scaled to the needs of the city. On the other hand, Hague's medical center was and is oversized - grand for the sake of political aggrandizement. The center was Hague's entire platform. It was both his own overriding concern, and the focus of political life in Jersey City during his long tenure.

1. For further discussion of the area known as Bergen Hill, see Michael H. Merick et al, "Bergen Hill Historic District: Designation Report," (Jersey City: 1977), and Robert W. Craig and Lauren-Brook Sickels, "West Bergen Historic District: Designation Report," still in manuscript.
2. L.F. Douglass, A Topographical Map of Jersey City, Hoboken, and the Adjacent Country..., (1841, reprinted New York: 1876); William H. Wood, Map of Jersey City, Hoboken and Hudson Cities, (Jersey City: 1855); Combined Atlas of the State of New Jersey and County of Hudson (Philadelphia; 1873); Daniel Van Winkle, History of the Municipalities of Hudson County New Jersey, 3 vols., (New York: 151; William H. Shaw, comp.; History of Essex and Hudson Counties, New Jersey, (Philadelphia: 1884), 2 vol., 1114-5.
3. MacLean, 151; The Story of the Medical Center, Jersey City, New Jersey (henceforth Story), (Jersey City: 1931), n.p.
4. Van Winkle, 157; MacLean, 152; Combined Atlas (1873); Atlas of Jersey City, (Jersey City: 1887).
5. The number of total patients treated between 1882 and 1893 that was published by MacLean seems inconsistent with, for example, the total number of prescriptions filled. The hospital seems to have treated a continuously increasing number of in-patients which averaged 1,000 per year for the period, but must have handled many more out-patients. See Atlas (1887); Insurance Atlas of Jersey City, (New York: 1896); MacLean, 152.

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6. Jersey City Under Mayor Fagan's Administration, (Jersey City): ca. 1904).
7. Ibid., 24-5
8. Jersey City Hospital School of Nursing: The Golden Year 1907-1957 (henceforth Golden Year), (Jersey City: 1957), 7.
9. Ibid.
10. The laundry/power house building, which medical center administrators currently plan to demolish for a parking garage, is not mentioned at all in the institutional histories.
11. For a brief discussion of the Renaissance Revival style of architecture, see Marcus Whiffen, American Architecture Since 1780: A Guide to the Styles, (Cambridge, Mass.: 1970), 154-8.
12. Van Winkle, 157.
13. Hague, in the same obituary, called Rowland a "personal friend" and an "architectural genius." Both men lived in the Duncan Apartments at 2600 Hudson Boulevard. See Jersey Journal, (January 23, 1945), 1. In a recent telephone interview, Mr. Donald Paulson, A.I.A., of Verona, New Jersey acknowledged that he owned Rowland's original tracings of the medical center buildings.
14. See, again, Rowland's obituary, Jersey Journal, (January 23, 1945), 1.
15. Hague's career has been the subject of several books and articles, but his chief biographer is Richard Connors, whose book, A Cycle of Power, appeared in 1971.
16. Thomas J. White, "Frank Hague and the Jersey City Medical Center," in Academy of Medicine of New Jersey Bulletin, vol. 16, no. 4, (December 1970).

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17. The statistic on hospital births is from a fact sheet compiled in 1940, found in the vertical files in the New Jersey Room, Jersey City Free Public Library. Also see Story, cited above.
18. Story.
19. Most of the figures in this report have been reproduced from original photographs in the files of the Jersey City Free Public Library or of the office of the Director of Plant Operations, Jersey City Medical Center.
20. Gold Year, 23; New York Times, (October 24, 1937) 26:4.
21. The Jersey Journal (March 16, 1967) 16, claims that FDR dedicated the Hudson County Tuberculosis Hospital, but this is probably an error. More careful examination of the contemporary newspaper accounts will probably resolve the confusion.
22. The statements in this paragraph are substantiated by several articles in the Jersey Journal and in The New York Times. An index to the Journal is available at the Jersey City Free Public Library.
23. Dayton David McKean, The Boss, (New York: 1940), 166.
24. Ibid., 166-182.
25. New York Times, (October 2, 1936) 1:7, and (October 3, 1936) 1:3; McKean, 178.
26. McKean, 182; Jersey Journal, (December 30, 1965); New York Times, September 4, 1977.

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Hospital Design

The earliest hospitals in the United States were similar in design and configuration to institutional buildings utilized for other purposes. The usual form was of a central pavilion, providing space for administrative and service functions, with wings of three or four stories on either side housing the inmates - students, prisoners or patients. This design was used for such pre-Revolutionary buildings as Nassau Hall in Princeton, NJ; Harvard Hall in Cambridge, Mass.; the Walnut Street Jail in Philadelphia; and the pioneering insane asylum in Williamsburg, VA.

Two of the three hospitals erected during the 18th century followed this plan: the Pennsylvania Hospital of 1755 and the Charity Hospital of New Orleans, founded in 1737 and built anew in 1784. These may have been based on the precedent of the London Hospital of 1752. The New York Hospital, founded in 1711, and rebuilt in 1791, was a variant, with an H-shaped plan formed by the placement of cross-pavilions at the end of the wings. With later additions, the main building of the Pennsylvania Hospital also eventually assumed an H shape.

Most early 19th century hospitals continued to follow the basic 18th century plan. Notable examples include the Bulfinch Building at Massachusetts General in Boston (1821), William Strickland's Naval Home in Philadelphia (1827), which expands the complex with separate residences for the staff; and Robert Mill's insane asylum for the State of South Carolina at Columbia (1821-28). Despite the development of new designs, many hospitals (and other institutional buildings) continued to be built according to this general scheme through the 19th century and, indeed, into the 20th.

Around mid-century, however, another hospital type gained its adherents. This was the large pavilion-type building, in which the lateral wings were interrupted by cross pavilions, allowing for the separation and classification of inmates. First introduced in England in the mid-18th century, the plan was popularized by Dr. Thomas J. Kirkbride, a reformer in the treatment of the insane. The first full Kirkbride-system mental hospital was the New Jersey State Insane Asylum (now Trenton State Psychiatric Hospital), begun in 1845. During the second half of the 19th century Kirkbride mental hospitals were built in almost every state in the Union.

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The scheme was also followed after mid-century in general hospitals. Among early examples are: Presbyterian Hospital, Philadelphia (1860); Boston City Hospital (1863); Rhode Island Hospital (1863); and Roosevelt Hospital, New York City (1866). This also became a persistent type, with examples erected well into the second decade of the 20th century.

A third major type of hospital developed from military hospitals. On a system first used as a large scale by the British in the Crimea, and then in the United States during the Civil War, this consisted of a number of small, discreet pavilions. The theory behind this scheme was based on an imperfect understanding of the transmission of germs, which were thought to be airborne. Ample ventilation and non-contiguity of buildings were believed to lessen the dangers of contagion (as to some extent they did). Because it was felt that the buildings themselves were the loci of infection, many doctors believed that tents or temporary buildings should be employed. The largest hospital building on this system was Johns Hopkins in Baltimore, designed between 1873 and 1877. The buildings were permanent, but, except for the administration building, were small, and only one story in height, and raised on a high basement to allow for full circulation of air. Although elevators had been available since the 1850's, they were not used at Johns Hopkins because of the belief that they would facilitate the transmittal of disease. Such hospitals, however, were expensive to construct and required large tracts of land. They never replaced the central pavilion with wings or cross-pavilion type in popularity.

During the second half of the 19th century, however, the practice of medicine underwent profound changes. The early hospitals were all founded as charitable institutions, although from the first most also accommodated some paying patients. They were intended for the impoverished and homeless; home care was still considered the most desirable recourse for the sick. With the development of anesthesia, asepsis and antisepsis, as well as a true understanding of the germ theory of disease, attitudes towards hospital care shifted. Illnesses requiring surgery and specialized forms of medical treatment clearly now could be cared for more expeditiously in the hospital.

The new understanding that disease was communicated by contact, not through the air, made previous fears of vertical organization obsolete. At the same time, developments in building technology, notably

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the elevator, the steel frame, and sophisticated systems for heating and ventilation, made tall buildings not only feasible, but also desirable as an expression of modernity. As early as 1905, virtues of multi-story hospitals were described at a meeting of the Association of Hospital Superintendents. The proponents were Bertrand E. Taylor, an architect specializing in hospital design and Dr. A.J. Oschner, a surgeon.

Nevertheless, the majority of hospitals built during the first two decades of the 20th century continued as variants of the basic 18th and 19th century forms, although sometimes elevated to four or five stories.² The major buildings of the Jersey City Hospital erected between 1906 and 1919 were both essentially central pavilions with lateral wings, little different in basic concept from the Pennsylvania Hospital of 1755.

By the 1920's, however, new approaches to hospital design were beginning to generate interest. "Among the strictly utilitarian buildings of America today, no genre is more important nor interesting than the hospital, and none has shown greater progress in design."³ The most influential hospital of the period appears to have been the Columbia-Presbyterian Medical Center in New York City, designed in 1925.⁴ Sited on a bluff above the Hudson River, composed of a massing of vertical towers, Columbia-Presbyterian was the paradigm of the modern big-city medical center. The name "medical center" was indicative of a change in function. This was intended not just as a house of refuge for the sick, but as a "veritable 'fortress against disease'."⁵ Facilities were provided not just for hospital care, but also for clinics for out-patients and for instruction in preventive health care, as well as for the education of medical personnel.

It was undoubtedly Columbia-Presbyterian that inspired the concept, and the architecture, of the Jersey City Medical Center. In emulating the New York institution, as in selecting materials, Jersey City was striving for the best.

1. Brief histories of the pre-"skyscraper" development of the American general hospital appear in E.H.L. Corwin, The American Hospital, New York (1964) and John D. Thompson and Grace Coldin, The Hospital: A Social and Architectural History, New Haven (1975). Neither author, however, correlates the development of hospitals with that of other institutions.

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8. SIGNIFICANCE (Continued)
2. For American hospital design in the early 20th century, see Edward F. Stevens, The American Hospital of the Twentieth Century, New York (1921); and Architectural Forum, Hospital Reference Number, 27 (December 1922), 245-314.
3. G.H. Edgell. The American Architecture of To-day. New York (1928), 314.
4. Plans, elevations, and a perspective rendering were published in Architectural Record, 58 (August 1925), 101-115.
5. Edgell, 320.

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8. SIGNIFICANCE (Continued)

Architectural Background

The appearance of the modern Jersey City Medical Center is the result of two forces - the evolution of hospital design and the popularity of Art Deco architecture.

By the 1920's the once up-to-date Jersey City Medical Hospital was feeling the challenge of obsolescence due to changes in the science and practice of medicine. The few specialities attendant on general medicine had proliferated; the maturing philosophy of preventive medicine and the growing emphasis on out-patient clinics made new demands on the physical plant; the number of resident nurses increased, as did teaching functions; progress in medical science and technology introduced new techniques and equipment which the existing building had not been designed to accommodate.

Simultaneously with the realization that further horizontal expansion would result in loss of efficiency and centralization came the wide acceptance of technological improvements introduced more than a quarter of a century earlier in commercial architecture, namely elevators and steel frame construction. Hospitals became skyscrapers and, with that leap, their appearance and functioning were altered dramatically.

By 1925, when the Columbia-Presbyterian Medical Center by James Gamble Rogers was published in The Architectural Record, the concept of a coordinated medical "center", combining treatment, teaching and research in a functionally integrated complex of high-rise buildings had replaced the old understanding of "hospital" in major metropolitan centers. In that same year in Paris the Exposition Internationale des Arts Decoratifs was organized to highlight art and architecture appropriate to the machine age.

The Jersey City Medical Center is the direct result of these changes in medicine and architecture. The interrelationship of style and function and the use of machine age ornament not based on antique precedent are clearly evident both in the centers' buildings and in the manner in which these buildings are sited. The most obvious large-scale Art Deco feature of the medical center is the use of stepped setbacks, found most dramatically in Pollak Hospital but a characteristic of most of the other

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8. SIGNIFICANCE (Continued)

buildings as well. Stylistically, this feature can be traced to the ziggurat temples of pre-Columbian Central America, a culture which influenced the design vocabulary of American Art Deco; according to one critic, in fact, "The energetic rhythm of the ziggurat and its permutations is the most important Art Deco design..." Its use was mandated by the New York City zoning ordinance of 1916, which influenced building elsewhere; and in hospital design it provided the light, air and access to sun decks which high-rise construction otherwise precluded.

Set-back forms notwithstanding, Art Deco when applied to architecture implies a primary interest in decoration rather than innovation in massing and plan. The typical design vocabulary of Art Deco is used abundantly in the medical center buildings: fragmented circles and suns; chevrons and zig-zags; and stylized foliage and occasional animal forms. These are found on the exterior in terra cotta panels and architraves; the interior public spaces are sometimes quite elaborate. Then the design references are more likely to be classical in origin, although strongly stylized: rosettes, coffers, columns and pilasters with abstracted capitals. The reason for lavishing such attention on interior decoration is stated succinctly in a 1922 article in The Architectural Forum: "Many discerning hospital administrators have not been slow to appreciate the desirability of making their institutions attractive ... A proper mental attitude of the patient was hardly possible in the older forms of hospitals which resembled correctional institutions..."² With the exception of a frieze in the main lobby, the decorative scheme makes no use of medical references, perhaps because they are less easy to stylize than the airplanes, trains and automobiles appropriate to the program of so many Art Deco buildings.

Another hallmark of Art Deco architecture, the use of smooth, highly-polished, sharp-edged "modern" building materials, is also found in the medical center, although the more "radical" departures of vitrolite glass, aluminum, bakelite and stainless steel are eschewed in favor of more traditional materials in a new context: marble terrazzo, terra cotta and glazed tile. Because most furnishings have been replaced, it is impossible to evaluate the degree to which architecture and decorative arts were originally integrated.

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8. SIGNIFICANCE (Continued)

Site planning and individual building plans are typical of hospital and skyscraper plans beginning in the 1920's. In 1922 The Architectural Forum published a plan by Garden and Martin for a 500-bed municipal hospital remarkably similar to the Jersey City Medical Center in the disposition of the major building constituents. Double-loaded corridors are utilized for nearly all of the facilities at Jersey City, a standard feature neither progressive for its time nor retardaire. "Roof wards for sun and air³ treatment are very desirable on hospitals in congested districts..."³ advised The Architectural Forum in 1922; the set-back decks at Jersey City provide just such facilities.

Even a cursory examination of the development of Art Deco design indicates that the Jersey City Medical Center was not a trailblazer. As early as 1915 Wright and Schindler were using design motifs derived from pre-Columbian sources. Some of the great New York City monuments of the Art Deco Style - Raymond Hood's McGraw-Hill Building and the Chanin Building and Rockefeller Center - were products of the late 1920's, and the New York Telephone Building by Voorhees, Gmelin and Walker was completed one year after the Paris Exposition. Even before the popularity of Art Deco, small treatment centers like the Stevens Clinic at Fall River, Massachusetts, published in 1922, made use of stepped set-backs.

Due to the lack of a comprehensive survey of Art Deco architecture in New Jersey, it is difficult to place the Jersey City Medical Center in context with any great degree of assurance. Because the Depression and the height of Art Deco's popularity coincided, examples of the style are not numerous anywhere, and New Jersey seems never to have had a rich stock of such buildings. A few notable examples were built in Atlantic City and Newark; Trenton has a number of small-scale Art Deco commercial buildings; and a few maverick examples like the Perth Amboy National Bank and Hersh Towers in Elizabeth include good ornament.

Because Art Deco is primarily a mode of decoration, an assessment of the Jersey City Medical Center must include a close examination of ornamental treatment. In contrast to frequently lavish interiors, the exteriors of most high-rise Art Deco buildings are decorated sparsely, with ornament concentrated at the bottom four to six stories where it makes a strong impact on pedestrians, and at the top, where large-scale decorative features read clearly from a distance. The remainder, or

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8. SIGNIFICANCE (Continued)

mid-section, of a typical Art Deco skyscraper relies on the vertical thrust of piers and window bands or the massing of geometrical forms and setbacks. The Jersey City Medical Center buildings are no exception to this general rule. Entrances are given special emphasis (like the rectangular projecting pavilions of the Medical Building and Pollak Hospital and the semi-circular frontispiece of Murdoch Hall), and most of the buildings are crowned with a kind of quasi-castellated parapet, a feature intended to continue the vertical expression of the walls instead of stopping their thrust with a cornice. In Jersey City, however, these top and bottom details are not treated with the contrast of materials or richness of detailing found in the best examples of the style. The lower stories' exterior walls are decorated with terra-cotta panels cast in stylized motifs derived mostly from plant forms. The quality of their execution is good but the designs are uninspired. These panels (and some decorated architraves) are set in a random fashion as if there weren't enough to go around. The result is a somewhat anemic exterior which suggests the need for richer decoration than the architect or the budget could deliver. Examination of a building like that designed for the New York Telephone Company in 1926 by Voorhees, Gmelin and Walker, with its delicate ground floor, consistently-detailed spandrels and complex configuration, shows the integration of ornament and massing possible in more skilled hands.

The interior decorative scheme of the Medical Center buildings suffers from similar deficiencies. Although acres of marble and terrazzo are used in Building A and C and the accumulation of detail produces a certain richness of effect in the public spaces, the quality of the individual components - primarily ceiling cornices and moldings, columns and pilasters - is pedestrian. The main lobby of Murdoch Hall is considerably more sophisticated, deriving its effect largely from the quality of materials and the manipulation of space and light. Comparison with a first-rate Art Deco interior demonstrates the almost stock quality of much of the Jersey City work. Such a building can be found a few miles away in Newark, another design by Voorhees, Gmelin and Walker, the New Jersey Bell Telephone Company Building of 1929. There the interior is a striking and elegant amalgamation of unique details obviously conceived expressly for the building at hand - the kind of interior which makes one understand the critical claim that the Art Deco period was the last to see integration of technicians, artists and artisans.

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1. Art Deco Exposition: Radio City Music Hall, (New York: 1975), n.p.
2. Richard E. Schmidt, "Modern Hospital Design," in The Architectural Forum, Hospital Reference Number 37 (December 1922), 252.
3. Ibid., 248

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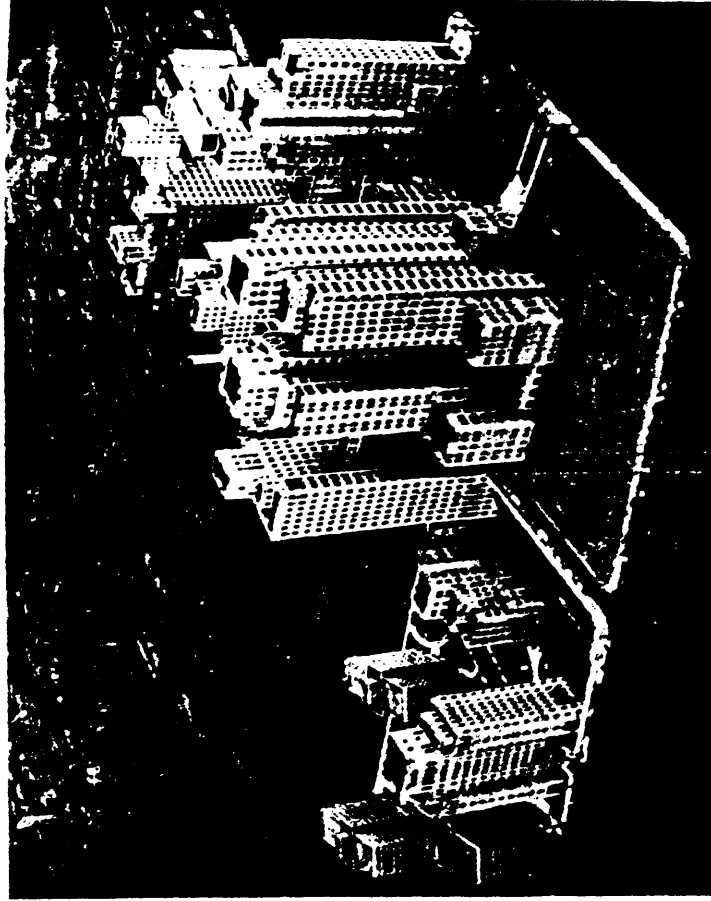
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Beginning at the southeast curb of Baldwin Avenue and Montgomery Street, proceed southeast along Montgomery to the southwest curb of Cornelison Avenue and Montgomery. Thence, proceed southward along Cornelison to the north curb of Dupont Street. Thence, proceed westward along Dupont to the east curb of Clifton Place. Thence, proceed northward along Clifton to the east curb of Baldwin. Thence, proceed northeast along Baldwin to the point of beginning.

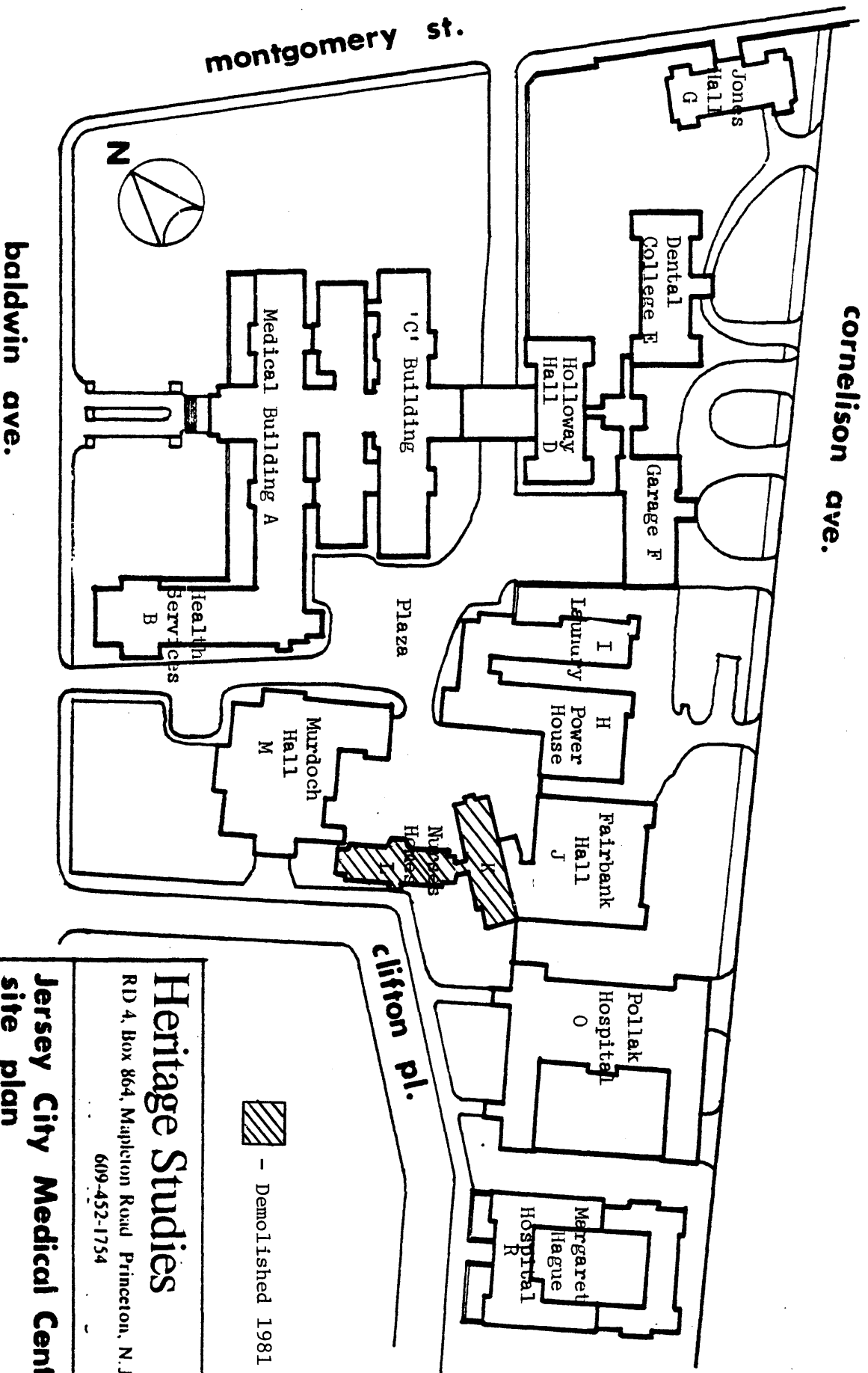
Jersey City Medical Center
Jersey City, Hudson County, NJ



1956 — JERSEY CITY MEDICAL CENTER

Fig. 28 The completed Jersey City Medical Center.

Jersey City Medical Center
Jersey City, Hudson County, NJ



- Demolished 1981

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Jersey City Medical Center site plan

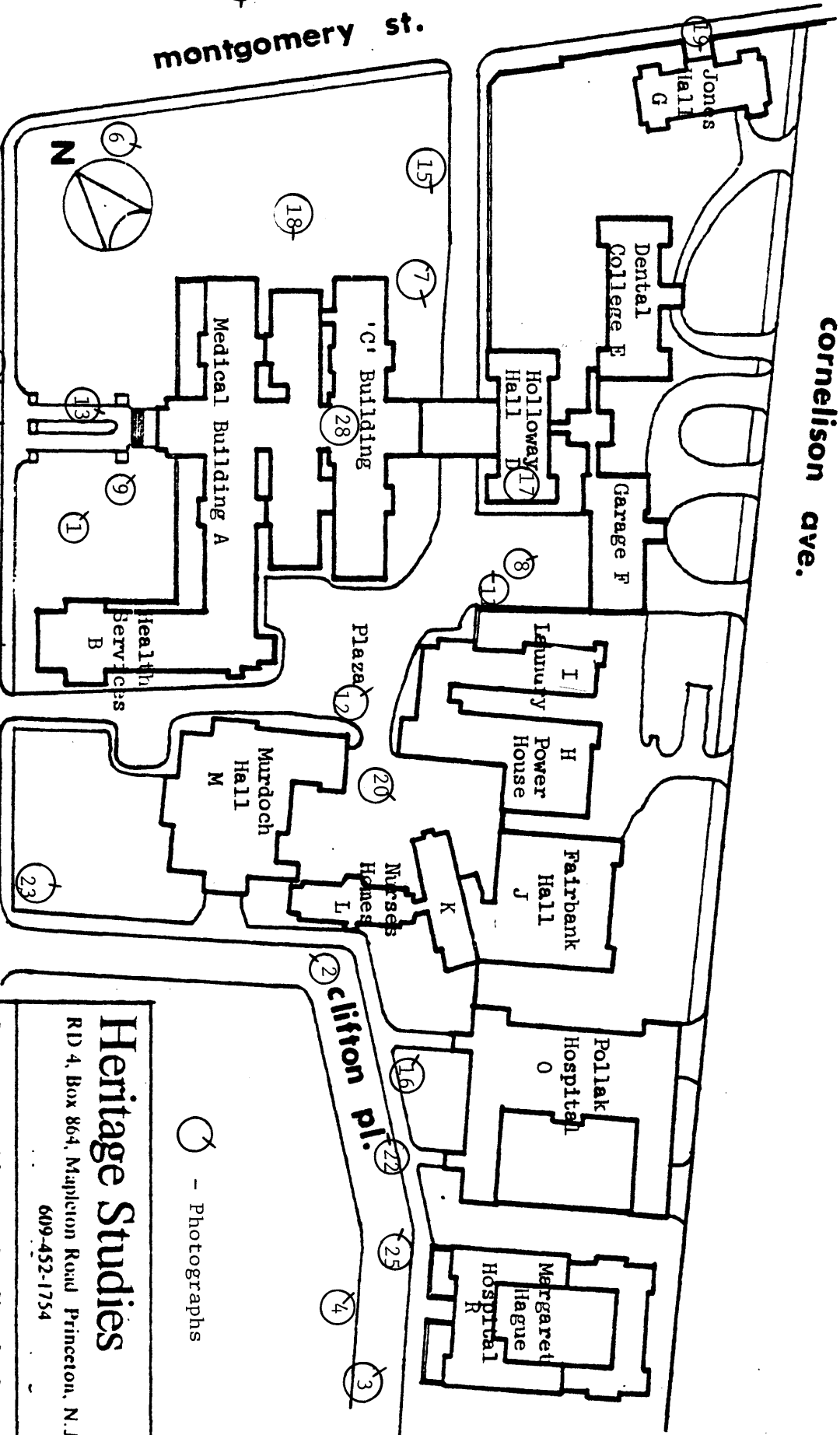
Dn: mjm 1" = 77' Aug. 79

Jersey City Medical Center
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cornelison ave.

montgomery st.

baldwin ave.



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